

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

163M

07082

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Sweet Months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Albert Brade, Jr.

3. (b) Social Security Number

4. Sex m 5. Color or race W 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

none

7. Birth date of deceased (mo., day, yr.)

December 3, 1925

8. AGE:

Years 22 Months 7 Days 8 If less than one day
 hrs. min.

9. Birthplace

Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

Import Nylon

12. Name

Geo. A. Brade, Sr.

13. Birthplace

Delaware

14. Maiden name

Elva Tripet

15. Birthplace

Phila. Pa.

16. Informant

Geo. A. Brade, Sr.

Address

Greenboro, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof July 15, 1948
(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Maryland

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Maryland

19.

7/15
(Date rec'd by registrar)19. 48Wm. O. Guss
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 19 48 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Carbon monoxide poison. Suicide

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

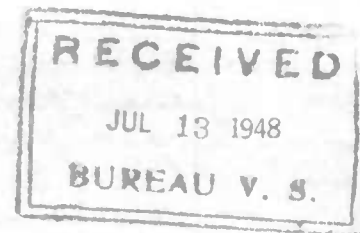
Accident, suicide, or homicide Suicide Date of 7/11/48Where did injury occur? Denton Caroline MD
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury attached to car Injured at work?

23. SIGNATURE

Wm. O. Guss M. D. or other
Denton Date signed 7/13/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07083

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? full life
 Hospital, institution, or street address where death occurred:
Academy Ave.
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(Of newborn infant, give residence of mother)
 State Maryland County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Academy Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name was no

3. (a) FULL NAME

J. Blaine Bullock

3. (b) Social Security Number

215-26-4222

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Glenna Bullock
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) July 23, 1884
 8. AGE: Years 63 Months II Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Smithville, Md.
 (Town, county, and state)
 10. Usual occupation retired farmer
 11. Industry or business _____
 12. Name J. Wesley Bullock
 13. Birthplace Md.
 14. Maiden name Julia Pennypacker
 15. Birthplace Md.

16. Informant Mrs. Glenna Bullock
 Address Federalsburg, Md.
 17. burial Date thereof 7/22/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hillcrest Cem.
 Location Federalsburg
 18. Funeral director Adams & Williamson
 Address Federalsburg, Md.

19. July 22 1948 Wm. H. Little
 (Date rec'd by registrar) (month) (day) (year) Registrar

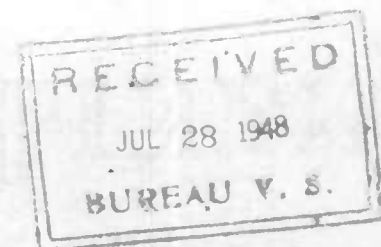
MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948 2:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1946 to July 19, 1948
 and that I last saw him alive on July 19, 1948
 Immediate cause of death Cardio-vascular
renal disease
 DURATION 1946
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. E. Little M.D.
Federalsburg Md. M. D. or other _____
 Address _____ Date signed 7-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. **1** is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07084

Reg. Dist. No.

1. PLACE OF DEATH:

County.....**Caroline**
 City or town.....**Preston, Maryland RURAL**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**4 Months**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....**New York** County.....
 City or town.....**Jamestown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Frank O. Carlson

3. (b) Social Security Number

4. Sex.....**Male** 5. Color or race.....**White** 6.(a) Single, married, widowed, or divorced.....**Widower**
 6.(b) Name of husband or wife.....**Johann Carlson**
 7. Birth date of deceased (mo., day, yr.).....**August 17, 1958**
 8. AGE: Years.....**89** Months.....**11** Days.....**0** If less than one day..... hrs. min.

9. Birthplace.....**Sweden**
 (Town, county, and state)
 10. Usual occupation.....**Manufacturer**
 11. Industry or business.....
 12. Name.....**Unknown**
 13. Birthplace.....**" "**
 14. Maiden name.....**" "**
 15. Birthplace.....**" "**

16. Informant.....**William H. Hyde**
 Address.....**Preston, Maryland**
 17. **Burial** Date thereof.....**July 21 48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....**Lakeview**
 Location.....**Jamestown, N.Y.**
 18. Funeral director.....**W.H. Hollis & Son**
 Address.....**Preston, Md.**
 19. **7/18** 19 **48** **C. W. Plummer**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**July 17** 19**48** at.....**6:30P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 13 19**48** to.....**July 2** 19**48**
 and that I last saw him alive on.....**July 2** 19**48**
 Immediate cause of death.....**Pulmonary edema**

DURATION

15 years

Due to.....**Arteriosclerosis Heart Disease**
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....**Not done**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?
 23. SIGNATURE.....**Har. B. Plummer** M. D. or other
 Address.....**Preston, Maryland** Date signed.....**7/19/48**

6

RECEIVED

'JUL 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07085

62

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Burrsville, Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Burrsville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Harry Clay Collison

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Dora Anderson7. Birth date of deceased (mo., day, yr.) Nov. 6, 1885 6. (c) If alive, give age 60 years8. AGE: Years 62 Months 68 Days 7 If less than one day
..... hrs. min.9. Birthplace Denton, Caroline Md
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Charles W. Collison
13. Birthplace Md14. Maiden name Minnie Lewis
15. Birthplace Md16. Informant Dora A. Collison
Address Burrsville, Maryland17. Burial Date thereof 7-16-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton
Location Denton, Md18. Funeral director J. Virgil Moore & Son
Address Denton, Md19. 7/16 19. 48 7/16/48
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 19. 48, at21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 15 19. 48 to July 13 19. 48
and that I last saw him alive on July 13 19. 48
Immediate cause of death Carcinoma of Lung

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Choke & Stomach Injured at work?23. SIGNATURE Choke & Stomach I. D. of 1948Address Greening, Md Date signed 7/14/48

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JUL 23 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war X

3. (a) FULL NAME

Arvellar Mary Fountain

3. (b) Social Security Number

220-5-0257

4. Sex F. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Stephen
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) March 1, 1890
 8. AGE: Years 58 Months 4 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Marydel, Caroline, Maryland.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business X

MOTHER FATHER
 12. Name Robert Daniels
 13. Birthplace Marydel, Maryland.
 14. Maiden name Mary Lewis
 15. Birthplace Marydel, Maryland.

16. Informant Stephen Fountain
 Address Marydel, Maryland.

17. Burial Date thereof 7/23/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Mt. Zion
 Location Near Marydel, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. 7/23 48 A. P. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 48 at 7:05 A.M.

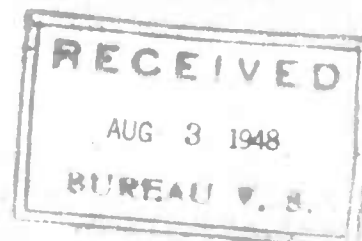
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30 19 47 to July 20 19 48
 and that I last saw him alive on July 19 19 48

Immediate cause of death Carcinoma of Cervix
with metastases to liver
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. P. Smith
 M. D. or other _____
 Address Greensboro, Md. Date signed 7/21/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07087

62

93d

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Goldsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 18 Yrs.
 Hospital, institution, or street address where death occurred:
 X
 How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... Goldsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 X
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Carlene Harrington

3.(b) Social Security Number

X

4. Sex..... F. 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Samuel Harrington
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Sept. 15, 1857
 8. AGE: Years..... 90 Months..... 9 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... Delaware
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... X

FATHER
 12. Name..... No Record
 13. Birthplace..... No Record
 MOTHER
 14. Maiden name..... Ester Pratt
 15. Birthplace..... Delaware

16. Informant..... Mrs. Alma Harris
 Address..... Greensboro, Maryland.
 17. Burial Date thereof..... 7 / 15 / 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Greensboro
 Location..... Greensboro, Maryland.

18. Funeral director..... Raymond B. Rawlings
 Address..... Greensboro, Maryland.

19. 7/15 19 48 a.c. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 12 19 48 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 to 1948
 and that I last saw him alive on 7/11 19 48
 Immediate cause of death..... Heart Failure DURATION.....
Myocardial Infarction 10 yrs
Coronary Vascular Changes 10 yrs

Due to.....
 On.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... H. J. Silver MD M. D. of
Goldsboro MD
 Address..... Date signed..... 7/10/48

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07088

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Rural, Wickman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline
 City or town Rural, Wickman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Frederick Hawthorne

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

widower

6.(b) Name of husband or wife

unknown

7. Birth date of deceased (mo., day, yr.)

Oct. 23, 1872

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

75929

hrs.

min.

9. Birthplace

Vermont
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

unknown

MOTHER

12. Name

unknown

13. Birthplace

14. Maiden name

unknown

15. Birthplace

16. Informant

Mr. Peter Torgensen

Address

Wyoming, Delaware

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 24, 1948
(month) (day) (year)

Cemetery or crematory

Location

Preston, Maryland

18. Funeral director

J. Virgil Moore

Address

Denton, Maryland

19.

(Date read by registrar)

7/23/48Wm. D. George

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 22

19

48, at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 17 48, to July 22 48and that I last saw him alive on July 22 48

Immediate cause of death

DURATION

Cardio Vascular Renal Disease 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Anderson George

M. D. or other

Address

Denton

Date signed

7/23/48

RECEIVED

JUL 27 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07089

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Caroline
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced —

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 19478. AGE: Years 1 Months 3 Days 4 If less than one day hrs. min.9. Birthplace Denton Ind.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George Hill13. Birthplace Maryland14. Maiden name Elizabeth Layton15. Birthplace Maryland16. Informant Mrs. Geo. Hill (mother)Address Denton Ind.17. Buried Date thereof 7-7-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton Ind.18. Funeral director W. J. Eichelmann & SonAddress Denton Ind.19. 7/7 19 48 Wm. D. Gend
(Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 48 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Whooping Cough

Due to

Due to Probable Bronchopneumonia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

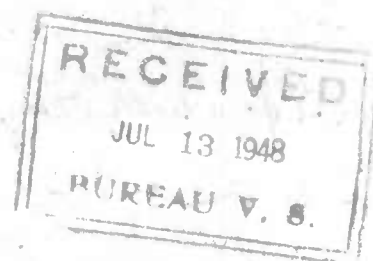
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. D. GendAddress Denton Date signed 7/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

870

07090

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war X

3. (a) FULL NAME

Mother Margaret Mary Meyer, O.B.S.

3. (b) Social Security Number

X

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 1, 1874
 8. AGE: Years 74 Months 5 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Covington, Kentucky.
 (Town, county, and state)
 10. Usual occupation Teacher
 11. Industry or business _____

MOTHER FATHER
 12. Name Frank Meyer
 13. Birthplace Kentucky.
 14. Maiden name Elizabeth Shepper
 15. Birthplace Kentucky.

16. Informant Mother M. Hildegard O.S.B.
 Address Ridgely Rural, Maryland.

17. Burial Date thereof 7 / 5 / 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Gertrudes
 Location Ridgely, Rural, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. July 3 19 48 Mary E. Laird
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948 at 5:25 Pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23, 1948 to July 1, 1948
 and that I last saw him alive on June 30, 1948

Immediate cause of death arterio sclerosis
 DURATION 2 yrs.

Due to _____

Due to _____

Other conditions Arterio sclerosis
 (Include pregnancy within 3 months of death) 2 years

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

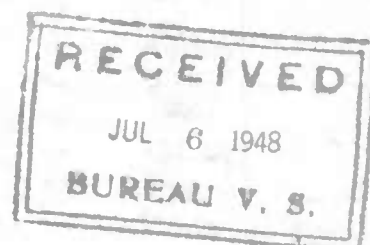
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. Paul Thurtell M.D. M. D. or other _____Address Quinton, Va. Date signed 7/3/48



Evidence for change of
age, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07091

FILM No. G 116 AUG 3 - 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
City or town Denton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Andrews Murphy

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Collins Murphy

7. Birth date of
deceased (mo., day, yr.)

Apr. 16th 1869

6. (c) If alive, give age. Years

8. AGE:

Years

Months

Days

If less than one day

79

79

2

17

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Fisherman

11. Industry or business

MOTHER FATHER

f2. Name

William Murphy

f3. Birthplace

Maryland

f4. Maiden name

Sarah Green

f5. Birthplace

Maryland

f6. Informant

Mrs. J. M. Murphy

Address

Denton, Md.

f7. Buried

(Burial, cremation, or removal) Which?

Date thereof

7-16-48
(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton, Md.

f8. Funeral director

Virgil H. Hays, Son

Address

Denton, Md.

f9. 7/6

1948
(Date rec'd by registrar)

1948

W. D. Green

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 3 1948 at S.P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1948 to July 3 1948

and that I last saw him alive on

July 2 1948

Immediate cause of death

Arterio Sclerosis
Chronic Arteriosclerosis

Due to

Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawson George

M. D. or other

Address

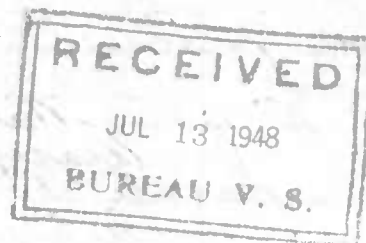
Denton

Date signed 7/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUL 27 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07093

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs.
 Hospital, institution, or street address where death occurred:
S. Main St.
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. S. Main St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war don't know

3. (a) FULL NAME

Ernest E. Redhead

3. (b) Social Security Number

has number can't find card

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife May Redhead
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 13, 1878
 8. AGE: Years 69 Months 10 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Preston
 (Town, county, and state)
 10. Usual occupation retired
 11. Industry or business N

FATHER
 12. Name James Redhead
 13. Birthplace Md.

MOTHER
 14. Maiden name Winoa Hutchinson
 15. Birthplace Md.

16. Informant May Redhead
 Address San Francisco, Cal.

17. burial Date thereof 7/5/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hillcrest Cem.
 Location Federalburg, Md.

18. Funeral director Adams & Williamson
 Address Federalburg, Md.

19. July 6 19 48 locus of death
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 48 at 2P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____
Acute Myocarditis Sudden
 Due to _____
Coronary Vascular Disease 12 mos.
 Due to _____
Arteriosclerosis
 Other conditions _____

(Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James E. George M. D. 7/2/48
W. H. Medical Examiner
 Address _____ Date signed _____

RECEIVED

JUL 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County BaltimoreCity or town Bidgely
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Bidgely
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles C. Samis

3. (b) Social Security Number

185-07-89314. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ila Lane Samis7. Birth date of deceased (mo., day, yr.) November 2, 18908. AGE: Years 57 Months 8 Days - If less than one day _____ hrs. _____ min.9. Birthplace Frankford, Delaware
(Town, county, and state)10. Usual occupation Mechanic11. Industry or business Auto12. Name John J. Samis13. Birthplace Michigan14. Maiden name Alice Drago15. Birthplace Michigan16. Informant Ila SamisAddress Bidgely, Maryland17. Burial Date thereof 7/4/48
(Burial, cremation, or removal; Which?) (month) (day) (year)Cemetery or crematory BidgelyLocation Bidgely, Md18. Funeral director Edwin L. LaneAddress Church Hill Md19. Jul 3 1948 Ray C. Laird
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-1948 at 2:20 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1-1947 to 7-2-1948 and that I last saw him alive on 7-2-1948Immediate cause of death Myocardial InsufficiencyDURATION 24 hrsDue to Hypertensive Heart Disease3 yrsDue to Chronic Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George W. White

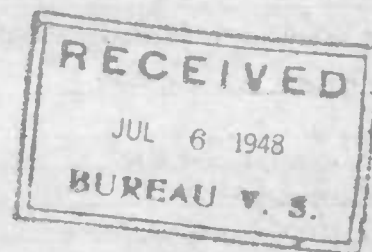
M. D. or other

Address Bidgely Date signed 7-3-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07095

1. PLACE OF DEATH:

County Caroline
 City or town Preston, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

JOHN W. SCHMICK

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced WIDOWER
 6.(b) Name of husband or wife Mary Schmick
 7. Birth date of deceased (mo., day, yr.) Nov. 26, 1855
 6.(c) If alive, give age _____ years
 8. AGE: Years 92 Months 8 Days 3 It less than one day _____ hrs. _____ min.
 9. Birthplace RUSSIA
 (Town, county, and state)

10. Usual occupation _____
 11. Industry or business _____

12. Name UNKNOWN
 13. Birthplace _____
 14. Maiden name UNKNOWN
 15. Birthplace _____

16. Informant Edward A. Schmick
 Address Preston, Md.

17. Burial Date thereof Aug. 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Jr. Order U. A. M.
 Location Preston, Md.

18. Funeral director H. M. Hollis
 Address Preston, Md.

19. 7/30 1948 C. H. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1945 to July 29 1948

and that I last saw him alive on July 25 1948
 Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis DURATION 1 hr

Due to _____

Other conditions Benign Prostatic Hypertrophy 10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lucas B. Plummer M. D. or other
 Address Preston, Maryland Date signed 7/30/48

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07096

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Hillsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
X
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Hillsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war X

3. (a) FULL NAME

Evelyn L. Stewart

3. (b) Social Security Number

X

4. Sex P. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Geo. B. Stewart
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept. 18, 1881
 8. AGE: Years 66 Months 9 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business X
 12. Name Charles Fleming
 13. Birthplace No Record
 14. Maiden name Francis J. Powell
 15. Birthplace No Record

16. Informant Virginia B. Cornbrooks
 Address 2630 Adams Mill Rd. Wash. D.C.
 17. Burial Date thereof 7/14/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hillsboro
 Location Hillsboro, Maryland.
 18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.
 19. 7/14 48 Wm S O George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 19 48 at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-1 19 46 to 7-11-1948
 and that I last saw him CP alive on 7-10- 19 48

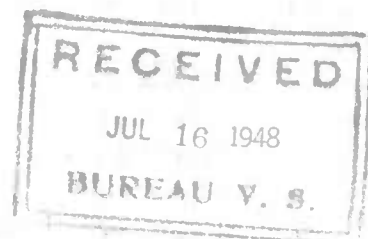
Immediate cause of death Cardiac Insufficiency
General arteriosclerosis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please endorse the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE George White md
R. L. G. M. D. or other _____
 Address _____ Date signed 7-14-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07097 60

1. PLACE OF DEATH:

County Caroline
City or town Henderson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Henderson
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

John H. Thornton

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Daisy Thornton 6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) August 10, 1964

8. AGE: Years 83 Months 10 Days 25 It less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired Clergyman

11. Industry or business Methodist Church

12. Name J. A. Thornton

13. Birthplace Maryland

14. Maiden name No data available

15. Birthplace

18. Informant Mrs. J. H. Thornton
Address Henderson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 7, 1948
(month) (day) (year)

Cemetery or crematory Greenbrook Cemetery

Location Wilmington, Delaware

18. Funeral director J. J. Trumpton and Son

Address Federalburg, Maryland

19. Date rec'd by registrar July 5 1948 Registrar RC Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1948 at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 15, 1947 to July 4, 1948

and that I last saw him alive on July 4, 1948

Immediate cause of death Cardio-Vascular Changes DURATION 1 1/2

Other conditions None

Due to None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None

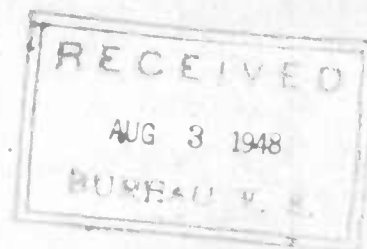
Other conditions None

Other conditions None

Other conditions None

Other conditions None

Other conditions None



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07098

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greenland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Stewart's Hospital
Stay in hospital or inst. (yrs., or mos., or days) 17 days
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Tolhat
City or town Love Mills Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Mary Esther Wheatley

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife George Howard Wheatley
6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 14 - 1872

8. AGE: Years 76 Months 4 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace 2. A. Co. Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Eaton

13. Birthplace 2. A. Co. Maryland

14. Maiden name Miss Melakian

15. Birthplace 2. A. Co. Maryland

16. Informant George Howard Wheatley

Address Love Mills, Maryland

17. Buried Date thereof July 12, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenwood

Location Wheatland, Maryland

18. Funeral director Barton Bros

Address Centerville, Maryland

19. July 12, 1948 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 48, at 2 A M

I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 19 48 to July 10 19 48 and that he last saw or alive on July 9 19 48

Immediate cause of death Cerebral hemorrhage DURATION 5 days

Due to arterio sclerosis 5 yr

Due to Hypertension 5 yr

Other conditions chronic cerebral hemorrhage 2 months

(Include pregnancy within 8 months of death)

Major findings: _____ PHYSICIAN _____

Of operations _____ Please underline the cause to which death should be charged statistically.

Of autopsy _____

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide _____ Cause of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Paul H. Smith MD M. D. or other _____

Address Benton Rd Date signed 7/12/48

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 17 1948

BUREAU V. S.